Version: 1.5 Recipient Report: Grant or Loan **Prime Recipient**

Reporting Information			
Award Type* Award Number* Final Report*			
Grant	H399A090008	N	

Award Recipient Information			
Recipient DUNS Number* Recipient Account Number Recipient		Recipient Congressional District*	
070596341	S9-07-14-04	01	

Award Information			
Funding Agency Code*	Awarding Agency Code*	Award Date*	
9124	9124	03/31/2009	
Amount of Award*	CFDA Number*		
\$3,170.00	84.399		
Program Source (TAS)*	Sub Account Number for Program Source (TAS)		
91-0302			
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to Individuals*		
0.00	\$0.00		
Total Number of Payments to Vendors less than \$25,000/award*	Total Amount of Payments to Vendors less than \$25,000/award*		
0.00	\$0.00		
Total Number of Sub Awards less than \$25,000/award*	Total Amount of Sub Awards less than \$25,000/award*		
0.00	\$0.00		

Award Description*

A state program to provide independent living services to older individuals who are blind, conduct activities that will improve or expand such services and help improve public understanding of the problems of such individuals.

Number of characters entered: 226

Project Information		
Project Name or Project/Program Title*		Total Federal Amount ARRA Funds Received/Invoiced*

	1	
Independent Living - Older/Blind, Recovery Act	Not Started	\$0.00
Number of Jobs*	Description of Jobs Created*	
	N/A	
0.00	Number of characters entered: 3	
Quarterly Activities/Project Description*		
additionly Activities in Toject Description		
A state program to provide independent living comisees	to aldow individuals rube are blind, conduct activities the	tuillimmen or average day be conjugated and belo
improve public understanding of the problems of such	to older individuals who are blind, conduct activities tha individuals.	t will improve or expand such services and help
Number of characters entered: 226		
Activity Code (NAICS or NTEE-NPC)*		
1 E12.07	2	
3	4	1
5	6	
7	8	
		-
9	10	
Total Federal Amount of ARRA Expenditure*	Total Federal ARRA Infrastructure Expenditure	Infrastructure Contact Name
Total Fodoral Amount of Arma Exponentare	Total Found All IA IIII and acture Experience	
\$0.00	\$0.00	
Infrastructure Contact Email	Infrastructure Contact Phone	Infrastructure Contact Phone Ext
minuon dottaro Goritade Email	I I I I I I I I I I I I I I I I I I I	
Infrastructure Contact Street Address 1	Infrastructure Contact Street Address 2	Infrastructure Contact Street Address 3
initialitatian Contact Curdot Address 1	minuota dotaro contact on cot Address 2	
Infrastructure City	Infrastructure State	Infrastructure ZIP Code+4
Infrastructure Purpose and Rationale		

L.,		
N/A		
Number of characters entered: 3		

Primary Place of Performance			
Street Address 1	Street Address 2	City*	
1901 N Dupont Highway	DHSS Campus, Biggs Bldg	New Castle	
State*	ZIP Code+4*	Congressional District*	
DE	197201199	01	
Country*			
us			

Recipient Highly Compensated Officers				
Prime Recipient Indication of Reporting Applicability*	#	Officer Name	Officer Compensation	
N.	1			
No	2			
	3			
	4			
	5			